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How's Your Health?

The Fight for A NATIONAL Health Program

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HOW'S YOUR HEALTH?

The Fight for a National Health Program

By Robert Friedman

*“Ill fares the land, to hastening ills a prey,
Where wealth accumulates and men decay.”*

-Oliver Goldsmith

Preface

This pamphlet was originally published by New Century Publishers, who operated under the old Communist Party USA, in 1947. As such it reflects the historical conditions and attitudes of the era. The Party of Communists USA (PCUSA) restored this piece because, unfortunately, it is as relevant today as it was when it was written. The people of America still suffer and unacceptable for-profit healthcare system. This is such an important issue that it has been one of the more important catalysts of the revitalization of the Communist movement in the late 2010s. With America being the only developed nation (the richest one, at that) that doesn't have some sort of state provided healthcare, we must continue to advocate for the nationalized healthcare that all Socialist countries enjoy as a matter of course.

I. IS AMERICA HEALTHY?

Americans are a sports-conscious, exercise-conscious, in short, a health-conscious people. We buy vitamin pills and sun lamps. We fish; we swim; we bowl. By the millions, we crowd baseball stadia in the summer, football fields in the fall. We do morning exercises at the radio's behest and make every movie about Dr. Kildare a box-office success.

But all these signs of intense preoccupation with health do not indicate that America is aglow with vitality and physical well-being. Rather, they may properly be taken as symbols of a desperate search for health in which millions are engaged.

For, all pollyana propaganda to the contrary, Americans are not a healthy people, as a mountainous array and statistics demonstrate. Perhaps the most shocking example of national ill-health came with the government's disclosure that 30 percent of all American males who registered for the draft in World War II were rejected as unfit for military service.

In the richest country of the world, seven million of the youth and young manhood who should have been its finest physical specimens were instead shown to victims of a host of mental and physical defects.

That news, coming as it did while America was still fighting for survival against the fascist Axis, was subject matter for much aimless head-shaking and wondering of the "what are we coming to?" variety on the part of the press.

But the core of the problem was not tackled. The reasons why such an alarmingly large number of American boys are physically unfit were not given. The explanation for the failure of our society to prevent or to cure this grave condition was left unsaid. It is part of the purpose of this pamphlet to supply those missing facts.

The draft rejection figures would have come as no surprise to most Americans had they been made aware of other equally shocking demonstrations of the appalling state of health in the nation. In 1935, the US Public Health Service made a National Health Survey, the most thorough study of its kind, to date. It showed that every day in the year, 7,000,000 of our population suffer enforced idleness because of illness or injury. The financial cost of those lost days, in terms of lost wages, medical bills and deaths which might have been avoided, has been estimated as \$10 billion each year. The cost in human misery, of course, is not as easily computed.

The National Health Survey found, too, that 23,000,000 Americans suffer some chronic disease or physical impairment, that 2,500,000 are invalided daily with serious chronic ailments such as tuberculosis, rheumatism, diabetes, asthma, cancer, heart disease and nervous disorders; while another 1,500,000 are burdened each day of the year with influenza, pneumonia and other respiratory diseases.

It is not easy to translate such statistics as these into a ready comprehension of the health crisis America is in. But the heart and mind of America should be quick to shame and anger at the fact that much of the incalculable toll of human misery could be avoided—that helpless children are no less the victims

of our national ill health than are their elders— and that the neglect of our human resources results not only in many wasted lives but countless needless deaths.

In the richest country of the world—yes, America—45,000 children die yearly before they reach the age of 14. Millions are blighted by illnesses which are preventable. 1,000,000 American youth have congenital syphilis. 9,000,000 suffer from mental and emotional disturbances. 10,000,000 have eye defects, and 20,000,000 have poor teeth. Too many mothers die in childbirth. Too many young men and women die of tuberculosis and cancer. They could be saved.

America's health crisis is not new, or sudden. If, in 1945, the government recorded a 30 per cent rejection of draft registrants, that could scarcely be considered substantial progress from the year 1919 when, after another World War, United States Surgeon General Rupert Blue announced "...in the recent draft over 34 per cent of all registrants were rejected by examining boards on account of physical defects and diseases. In large measure these defects and diseases could have been prevented had proper attention been given to them, especially in childhood." Twenty-six years after, the same admissions are being made. In a message to the Congress, President Harry S. Truman, on November 19, 1945, declared: "Millions of our citizens do not have a full measure of opportunity to achieve and enjoy good health. Millions do not have protection or security against the economic effects of sickness." But the pious Truman phrases weren't backed by deeds.

What we need is haste—haste to make full use of all the tremendous new advances and discoveries which have been made by men of science; haste to make full use of the wealth and resources of America for the health of all the people.

II. HEALTH WANTED

The sun-tanned newspaper publishers whose inky grief was so vociferous and the congressmen who thundered their alarm to the nation at the report of the terrible state of American draftees' health, could, if they were honest in their concern, make a real contribution to the well-being of the people. Simply, they could work for the passage of a bill introduced into Congress to advance precisely that purpose. Instead, the Wagner-Murray-Dingell Bill (National Health Act) languishes in congressional pigeon holes.

The measure is not a cure-all for the basic and underlying causes of America's health crisis. Nevertheless, it would advance the United States toward the goal of elimination of every preventable day's sickness and every preventable death.

What is the National Health Act, S1606, HR4730? (These numbers may be changed when the bill is entered in the new 80th Congress.) S1606 incorporates four basic aspects of the national health program recommended to the Congress for adoption by President Truman in his message of November 19th, 1945. They are, in the order proposed:

1. Federal grants to the states on an increased scale so that state and local health programs may function more efficiently.

2. Federal aid to states for maternal and child care, with state plans required to meet standards specified by the US Children's Bureau.

3. Federal grants to the states to provide medical care to all needy persons. Present limitations are liberalized, and all persons declared needy by state agencies are to be provided with medical care.

4. "Prepaid personal health service benefits," or in other words, a compulsory health insurance program. This, the key provision of the National Health Act, would guarantee to all Americans covered by the measure, doctor's and dental care when required, plus hospital care up to a maximum of 60 days per year.

Almost every conceivable type of medical service, whether from a general practitioner or specialist; whether preventive, diagnostic or curative; and whether furnished at the home, hospital or doctor's office; would be provided under the Wagner Bill.

Health examinations, x-rays, surgery, nursing services, maternity care, drugs and medicines when prescribed. all are included in the benefits which would become available with passage of S1606.

Dental examinations and cleaning of teeth are listed, and extractions if they are prescribed by the physician. For those requiring hospital care, up to \$7 daily would be provided for basic accommodations for 30 days, and \$4.50 daily thereafter.

5. Eligible for the bill's benefits would be: All industrial, commercial, agricultural and domestic workers (except railroad workers); farmers, small businessmen and other self-employed persons; recipients of old age or survivor's benefits; and employees of non-profit organizations—*complete health insurance for some 110,000,000 people.*

The wives, disabled husbands, dependent parents and children under 18 (over 18, too, if disabled) will also be covered. Other persons may become eligible if a public agency pays contributions for them.

Administration of this national health program would be in the hands of the U. S. Public Health Service, aided by a National Advisory Council of representatives of the public and medical professions, and by state and local agencies.

Contrary to the fevered babblings of the American Medical Association, the National Health Act would not restrict the rights of patients or doctors, for that matter. Persons would be able to choose any one of the doctors in their community who have voluntarily determined to go into the program; and doctors could both decide to stay in or out, and to reject or accept patients selecting them as their family physician.

While the cost of a national health program would be some \$3,000,000,000 a year, that sum is still less than the \$5,000,000,000 the American people pay annually for medical care.

Hospitals and cemeteries are both full of people who had to trust to luck and time to get them well. The Wagner Bill's prepaid health insurance plan would encourage Americans to get medical attention at the first sign of disease instead of waiting to avoid steep doctors' fees. And the regular, routine examinations and x-rays would spot incipient diseases and save much suffering and many lives.

The National Health Act would encourage, too, a greater degree of group practice and collaboration in the medical profession. Valuable equipment, the cost prohibitive to one doctor, could be obtained and used by many. For the patient, group practice would increase the likelihood of correct diagnosis of his ills. Not to be forgotten is the fact that S1606, by providing financial aid to doctors desiring additional education, would help the profession keep pace with the advances in medicine and science.

The above, in admittedly general and simplified form, are the essential features of the National Health Act. Later, we shall deal with some of the reasons why it cannot be considered in any sense a total coming-to-grips with the basic health problems of the nation. At the same time it can unqualifiedly be stated that the passage of the National Health Act would be the greatest single contribution to the national health in American history to date.

For the majority of the American people, as we will demonstrate, a national health program would mean more and better medical care than they have ever known in their lives. For too many, it represents not the difference between more or less health care, but the difference between substantial attention and none at all.

III. WHO GETS SICK...AND WHY

Our nation's health is in an appalling state. And yet, strange to say, there are hundreds of places one could visit and never believe that that is so. One could visit a National Association of Manufacturers convention, for example, and look futilely for a case of pellagra, teeth decayed from neglect or active tuberculosis. Heart trouble from over-worry about the stock-market or the Congress of Industrial Organizations (CIO), yes. Cirrhosis of the liver from too much scotch-and-soda, maybe. But the accumulation of ailments which torment the underpaid, the over-worked, the ill-housed and ill-fed, definitely no!

The Committee on the Costs of Medical Care, a group which made a five-year study on that problem from 1927 to 1932, concluded that the incidence of illness and death is two and a half times greater among Americans of low income than among the well-to-do.

But surely even those without special medical skill or training should be able to see that life in slum tenements or ramshackle sharecropper huts; that year-after-year drudgery in factory, office, mine or mill; that infrequent vacations and constant insecurity and fear of lack of work...that all these would breed more ills than the pampered flesh of a Wall Street broker could ever be heir to.

Overcrowded city apartments, where the sun is yearned for always, but except for minutes every day is hidden by adjacent dwellings, help breed tuberculosis and rheumatic fever. I they are damp, rheumatism flourishes. If the sewage disposal is not adequate, amoebic and bacillary dysentery are rife. If the toilet system is unsanitary, diseases of every variety run riot.

Such conditions affect not only a minority of American families, for only in the dream-world of the newspaper editorialists are the slums "almost cleared away." Remembering that there has been practically no new housing built for at least seven years, and that American dwellings have deteriorated drastically during the war, the shameful state of our people's homes, as reported in a survey made in 1936, is all the more calamitous today!

Of the 8,000,000 dwelling units in 203 urban areas surveyed then, at least 16 per cent were deemed unfit for use. More than half of all examined were built before 1915, and a fourth were built earlier than 1895. Poor housing has been with us so long, there is no dearth of neat little charts to indicate within percentage points just what exact effect the lack of bathtubs, indoor toilets or other sanitary facilities has on the extent of this disease or that.

Thus, the Federal Children's Bureau has determined that good, ergo healthy, housing, calls for no more than one person to a room, in a dwelling or apartment. According to the Bureau, the infant mortality rate is 52 in every 1,000 births when there is one person per room. But the death rate mounts with overcrowding until, if there are more than two residents per room, death strikes at 135.7 kids per thousand!

Yes, the ill-housed are ill. And the ill-housed are that great bulk of the American people who are paid so meager a wage by their employers that they can afford neither decent housing nor, oft-times, decent food.

In the typical Hollywood flicker, the South is all moonlight and magnolia. There is another, a real, a grim picture of the South, however—a story of death by starvation for at least 4,000 people every year. The records may read “pellagra,” “beri-beri,” or “scurvy,” but the case is hunger—just plain hunger.

Those are extreme cases. The victims of “hidden hunger,” the slow merciless process by which vitality and resistance ebb away until the body is prey to every passing ailment, they can be counted in the millions, in every section of the country.

In 1944, the Heller Committee for Research in Social Economics at the University of California, estimated that an income of \$54 a week (\$2808 annually¹) was needed to maintain a family of four on a decent, minimum standard, What a far cry from the actual state of affairs! In an OPA survey issued March 1, 1949, it was revealed that instead of the “huge, wartime earnings” deliberately misrepresented by the press, 35 per cent of all American families had incomes of less than \$28.85 per week, while 10 per cent earned less than \$48.45 per week. Just think of that in terms of food and living costs today!

More than half of America's families, therefore, in the midst of an ironically labeled “war-boom,” earned less than enough to provide even a modestly adequate living standard.

The families of America's farmers share the health problems of industrial and urban workers no less than they do the struggle basic to all, for a secure and adequate income. Only *one out of 100*, said a Farm Security Administration report, is in “prime, physical condition.”

American workers and their families not only get sick more often, they stay ill longer than the well-to-do. Even accidents, which cause more deaths in the United States than in any other major nation, are inseparable from the level of wages and living standards. For the Committee on the Costs of Medical Care found that home accidents among relief families were 43 per cent more frequent than among the well-to-do.

1 Adjusted for inflation, that is \$849 a week and \$44,159 annually in 2022.

Industrial accidents in 1946 took a death toll of 16,500 and disabled 2,000,000. Despite improved working conditions and safeguards fought for by organized labor over the years and established by law, industrial diseases continue to plague thousands upon thousands of American workers. Shipbuilding workers with lead poisoning; mica workers with tuberculosis; workers in contact with silica, radium, poisonous chemicals, are oft-times the victims of serious occupational diseases.

Since the ill-health of the American people is measurable in direct proportion to the standard of living they enjoy, it is readily understandable why the Negro worker and Negro sharecropper, segregated, slum-bound, miserably paid and continually oppressed, should exceed even the most poorly-off section of their white countrymen in the rate of disease and death.

The real facts give the lie to the Hitler-like slander which depicts the Negro people as “weak,” “dirty” or “inferior,” and thereby the inevitable boon companion to disease. According to the New York Health and Tuberculosis Association, higher Negro mortality is largely due to the “low average economic level, overcrowding in their homes, and lack of early use and access to expert medical service.”

It is mainly because of this intensified exploitation, surpassing that inflicted upon white workers, and because of the subjugation of the Negro as a people—brazenly open in the South and more covertly elsewhere—that the statistics can show the tuberculosis death rate for Negroes to be 192 per 100,000 population, compared to 62 per 100,000 for white Americans; or that twice as many Negro babies die as white babies, and two and a half times as many Negro mothers as white².

Every underlying cause of national ill-health - inadequate wages, dilapidated overcrowded dwellings, and all the rest — is heightened and aggravated for the Negro people. Even rents and food prices are jacked-up as an added burden in Harlem and other Jim Crow Negro communities.

For all the nation's wage-earners, this vicious circle goes round and round -you get sick, but you can't "afford" to quit work, so you get sicker. When you can work no longer, there is the mockery of a choice between doing without adequate medical attention altogether, or paying doctors' fees and facing deeper impoverishment, less food, less clothes, etc.

Only the smug, the stupid and heartless, or those with a reactionary ax to grind, can deny or ignore the documented evidence that it is the plain, working people of the United States who bear the brunt of the nation's health crisis.

IV. HEALTH CARE FOR WHOM?

Yet it is precisely those whose need is most dire who receive the smallest proportion of medical care. For under our so-called “American way of life,” good health, which should be a fundamental right of every individual, has been transformed into a commodity for sale to those who can afford to pay.

The advances in public health services to date—hospitals, clinics, visiting nurse services, etc.—are pitifully small, measured against the need. As for private medical care, even the reactionary AMA has admitted that families with incomes below \$3,000 per year require assistance in paying for medical

² According to the U.S. Department of Health and Human Services Office of Minority Health, the figure as of 2018 is 2.3 Black infant mortalities for every white infant mortality.

expenses, In 1948, Americans in that category made up 70 percent of the population!

The Committee on the Costs of Medical Care found that people in the lowest income groups, though ill most frequently and most severely, receive less than half the medical care given the well-to-do.

Despite the fact that the latter get more care, they spend proportionately less of their income for that purpose than the families with low incomes,

And the American Public Health Association has pointed out: "A large portion of the population receives insufficient and inadequate medical care, chiefly because persons are unable to pay the costs of services on an individual basis when they are needed, or because the services are not available."

There are many such communities in the United States where medical services are not available. Many doctors and nurses, while presumably loyal to all the finest traditions of their profession, are nevertheless, in our highly competitive society, apt to shun those sections where practice would not prove profitable. Passage of the National Health Act, it might be noted, would help to equalize the character and amount of medical care and hospital facilities throughout the country.

Government health facilities are similarly conspicuous by their absence in large areas of the nation. In 1945, 40 percent of all the counties in the United States had no full-time public health service or registered hospitals! Every year, in this streamlined America, for all its atom bombs, radar and television, 200,000 working-class and low-income mothers are delivered without benefit of a doctor's attention!

Only a few months ago, the Department of Agriculture revealed that an experimental medical care program for rural families was impeded because over half of those eligible couldn't even afford the \$20 a year asked by the government as payment for medical, surgical, hospital and dental care for the whole family.

That is symptomatic of the particularly neglected health conditions of the rural areas and, especially, the South. Where there is one doctor for every 571 persons in California, the ratio is one for every 1,481 in South Carolina. There is one hospital bed for every 154 persons in Wisconsin, but only one for every 749 in South Carolina. And there is one dentist for every 990 persons in Oregon, to one for every 5,263 in the Bilbo and Rankin-infested state of Mississippi.

The poor sharecropper who sees—much less owns—little actual cash from month to month, is not a likely purchaser of private medical care. Even more onerous is the circumstance in which the Southern Negro farmer and worker finds himself. For he and his family are not only poorer and sicker, they are also discriminated against in the amount and character of medical care available. Thus, it is recorded that those Negroes with tuberculosis who were able to get hospital care in the South averaged only 94 days' care to 159 for similarly situated whites.

The need for more, much more health care for the people, is essential. To millions of families, there is no more dread announcement than the words "Pa is sick"; no more fearful prospect than that of loss of work, permanent invalidism or total evaporation of savings.

Yet those measures are being savagely assaulted. Their passage is blocked by a powerful minority, and therewith, too, the prospects for immediate improvement in America's health. Let us see who are the health-breakers, the main obstacle to the people's physical well-being,

V. THE HEALTH-BREAKERS

Big Business in America has been the single force most responsible for the people's ill-health, and at the same time the most stubborn enemy of public health care.

Back-breaking work, twelve hours and more a day, miserable wages, unsafe and sweatshop working conditions, profits wrung from exploitation of child labor, were determinedly defended by reactionary employers and their apologists.

Only through the never-ending struggle of organized workers and progressive, social-minded groups and individuals were improvements in the wages, working and living conditions of the American people won.

While vacations with pay have been more or less established as within the normal order of events, many American employers still give miserably skimpy ones or none at all. Such essential health protection as maternity leave, and even ordinary sick leave with pay is still denied by large sections of business and industry, including the powerful and enormously wealthy corporation, US Steel.

If reactionary employers have come to accept the government's right to supervise such health matters as sewage and tuberculosis prevention, it was primarily to assure efficient and profitable transaction of business, and because even the Tories realized that the rich, in crowded industrial communities, could become the victims of the diseases of the poor should they become contagious or epidemic in character.

But just as obstinately and stupidly as it fought the efforts to limit the working day to a reasonable number of hours, or to make factories something better than pigsties and whole-sale breeders of tuberculosis, Big Business today leaves no stone unturned and no slander or distortion unused, to resist passage of the National Health Act.

The loyal lieutenant to monopoly in the drive to scuttle the National Health Act is an organization which, in its own field, has sought to establish a monopoly in opinion and sometimes action. This is the ultra-conservative American Medical Association.

For, although the AMA. is a professional society of medical men, many members of the small clique which dominates it have not been practicing physicians for many years. It is pertinent to examine closely this outfit which tries so hard to use the public admiration for the medical profession as a cloak for its hard-bitten reaction, just as the most cynical of pro-fascist congressmen screen their plots against democratic rights in a calculated flurry of flag-waving.

Notorious as the most vocal and vehement foe of what it terms "socialized medicine," the AMA. has long considered itself the unchallenged spokesman for all American medical men. Actually, its views are repugnant to many.

As a matter of fact, doctors do not join the AMA. directly. They become members automatically upon joining their county medical societies. The individual doctor's affiliation to the AMA. hangs by this frail thread—he votes for county officials, who in turn appoint delegates to state medical societies, which name delegates to the national body, or AMA. convention, There is recorded no opposition whatever to nominees for official AMA. posts.

Through its official Journal, heavily larded with the profitable advertisements of drug and patent medicine company wares, the AMA. hands down its edicts to the profession.

While it is the Wagner bill in its various versions which has aroused the most virulent frenzy from the nabobs of the AMA. the latter has a consistent record of obstructing past advances in the nation's health.

The AMA. long opposed hospital insurance and prepaid medical care even on an individual or private group basis, and gave a belated endorsement to these extremely limited efforts to ameliorate America's ill-health only in order to use them in the attack on a national over-all health care program.

When Congress voted medical benefits during the war to the wives and babies of servicemen, it was organized reaction in medicine which fought against this program. Where individuals or groups of doctors with more enlightened views have dared to speak out in support of the Wagner measure or of other progressive health and social legislation, the AMA. has not been averse to threats of expulsion from medical societies, boycott and literally blackballing from the profession.

Symbolic of the role of the AMA. and, incidentally, its tie-up with Republican reactionaries of the Frank E. Gannett type, have been the activities of the National Physicians Committee for the Extension of Medical Service,

This innocuously-named outfit was formed in 1939 and led by one John M. Pratt who was earlier the boss of the Physicians Committee For Free Enterprise. The latter outfit, to make the tie-up clear, was a vest pocket enterprise of Frank Gannett, erstwhile Republican National Committee member, and a publisher and employer of Dr. Edward A. Rumely who was a secret agent in the US. for Germany during the first World War.

Both committees in their time have flooded doctors and the public alike with irresponsible and lying propaganda depicting the various versions of the Wagner bill and health insurance in general, as attempts to "communize US medicine." While seemingly independent of the AMA., the National

Physicians Committee was endorsed officially by it, and the AMA's only objection to open propagandizing in its own name against health insurance has been a monetary one.

Two more sidelights on the AMA should be sufficient to demonstrate its character and role.

First, the AMA Jim Crows Negro doctors, who are restricted to their own National Medical Association. In the South, Negroes are barred from the local medical societies, so of course they are automatically excluded from AMA. membership.

In 1944, the National Medical Association petitioned the AMA to permit Negro doctors barred from the local societies to join the AMA directly as individuals. The petition was denied, and instead the AMA. passed a phony resolution urging the local groups to "extend such aid as is practicable to the Negro physicians in their communities to the end that the quality of service rendered by them to their people may "be steadily improved." (!)

And, in the face of all the proof to the contrary, the AMA. through its Journal editor, Dr. Morris Fishbein, had the brazen impudence some years ago to attempt to minimize the need for sweeping health legislation by stating: "There are few, if any, people in the United States really suffering from

lack of medical care.” (!)

Partners in the AMA's crime against the people's health have been the patent medicine kings, drug outfits and insurance companies, all hysterically determined to save every last penny of their profits, no matter what the cost in human life and suffering. Such patent medicine firms as McKesson and Robbins included anti-Wagner bill tracts in shipments to druggists, while the United Cigar-Whelan Corporation wrote doctors attacking the measure and handed pamphlets assailing “regimented medicine” to their customers.

It is a partnership for mutual profit, this. Drug advertisements in the AMA Journal and the publications of medical societies are a lucrative source of income. And the drug companies holster their products’ sales by publicizing the AMA's endorsement.

But the basic, pocketbook reason for the drug trusts’ venom against national health insurance is their knowledge that improved prevention and care of America’s illness would cut into the sales of all the trashy pills and potions with which poorly-paid workers are exhorted to “heal” themselves.

It is a supreme commentary on the hypocrisy of the health-breakers and the insane subordination of human resources under capitalism to the profit of monopolists, that the self-same drug magnates who spend millions each year in advertising their useless medicament rail fiercely against a national health program as “extravagance”.

Among the health-breakers too, are the Chambers of Commerce which have propagandized against, and the Tories in both major parties, particularly the Republican, who have obstructed passage of better health legislation.

In 1944, the GOP's election platform promised “a careful study of Federal-State programs of maternal and child health, dependent children and assistance to the blind, with a view to strengthening these programs.” How much this Republican campaign promise was worth was shown shortly after it was made, when Republican governors of 26 states met and, in language almost the same as the AMA's, announced that “there should be no political control of the profession of medicine.” For “political control,” of course, read “national health insurance and care.”

In New York State, governed by the titular head of the GOP, Thomas E. Dewey, despite the accumulation of a huge surplus, there was no appropriation proposed in the 1944 budget for child care, while in 1945 a meager \$2,500,000 was granted only after angry public pressure.

True to his usual practice of putting progressive recommendations on ice by appointing commissions to “study” them for a couple of years, Dewey had an AMA-minded group of medicos consider the subject of a state health program from 1944 to 1946. Not surprisingly, a majority report rejected compulsory health insurance. Dewey himself sent to the legislature in March, 1946, a miserably inadequate proposal for the expenditure of only \$7,000,000 in state aid for health care in the communities. In the meantime, the Dewey-dominated Republican majority of the Assembly Ways and Means Committee barred hearings on a labor and progressive supported measure to institute a statewide compulsory health insurance program on the model of the National Health Act.

As for the Truman administration, while it is true that the President sent a message to the Congress in November, 1945, in which he revealed the shocking condition of the national health and urged passage

of the comprehensive National Health Act, his fight for the measure has been of the same lip-service character as his behavior on a multiplicity of other needs and demands of labor and the entire people.

There has been not the slightest appearance of a determined effort on the part of the Truman administration to force consideration and passage of the National Health Act. And President 'Truman's routine plea for the health bill's passage does not weigh very heavily in the balance as compared, let us say to his abject surrender to the GOP-Big Business pressure in scuttling the price control program. By that one act alone, he helped Wall Street inflict a major blow against the living standards, and therefore the health, of the great mass of Americans.

The inflationary upward spiral of prices following the President's lifting of controls, coming hard on the heels of the Republican victory in the 1946 elections, is a portent of the economic crisis which is rapidly shaping up, and which constitutes a major menace to America's health. One needs but to recall the shattering effects on the people's health of the last depression, in the early 30s to appreciate this stark fact.

The slimy venom of race hate and prejudice is used in many ways by the health-breakers. Notably, the admitted shortage of doctors and nurses is deliberately aggravated rather than relieved, because of the flagrant discrimination practiced by medical schools and colleges against Jewish and Negro students.

Herbert Shapiro, 25, a veteran of three years service in the Army Medical Corps and glowingly praised by his superior officers, recently told a New York newspaper how 65 medical schools had rejected him. "I guess being both Jewish and a New Yorker makes it almost hopeless," he said. "Every application asks religious affiliation—on one I had to write Hebrew three times—and that seems to be the end of it."

And in Congress, on February 20 of last year, poll tax Democrats almost succeeded in their threat to defeat a measure to provide nourishing, healthful lunches to school children through Federal grants to the States. Why? Because of their zeal to block passage of an amendment by Rep. Al Clayton Powell (ALP, NY) to deny any of the funds to states or schools discriminating against children because of race, color, creed or national origin.

But the main stock in trade of the enemies of national health legislation is that witch's incantation shrieked and mumbled by every pro-fascist and feudal-minded defender of things that were good enough for my grandfather are good enough for me: "It's Red, it's socialistic, it's communistic."

The use of the Red-scare in this connection is as phony as in every other instance of its use by those who place profit above progress. Dr. Thomas Parran, Surgeon General of the United States, told a Senate subcommittee in June, 1944, "The fact is that many aspects of medicine are already socialized, in whole or in part. Medicine has always been to some extent a social function. Some parts of medicine have always been completely socialized, as evidenced by medical care under the workmen's compensation system operating in all our states. Three-fourths of the nation's hospital beds are government-owned. Nearly all our hospital beds for the tubercular and medically diseased are in government institutions."

Way back in 1798, the US Public Health Service began running a national health service for merchant seamen which is still operating. No dire consequences have stemmed from this limited tax-supported health service, nor would they from a health program for all Americans.

In the limited sense that the post office is “socialized,” and in that sense only, can the National Health Act by the farthest stretch of imagination be deemed “socialized medicine.” The AMA Chambers of Commerce and the tory press use “socialized medicine,” meaning socialistic medicine, as devil words to frighten and confuse, to weaken and to water down the American people’s fight for better health care. They dare not tell the public the real facts about medical care under the socialist Soviet Union, for the truth would make people realize that genuine socialist medicine is something to be desired and emulated.

VI. WHERE HEALTH IS CHERISHED

The Constitution of the Soviet Union defines in its Articles 119 and 120 the responsibilities of the government for the health and well-being of its citizens. Article 119 reads, “Citizens of the USSR have the right to rest and leisure. The right to rest and leisure is ensured by the reduction of the working day to seven for the overwhelming majority of the workers, the institution of annual vacation with full pay for workers and employees and the provision of a wide network of sanatoria, rest homes and clubs for the accommodation of the working people.”

And Article 120; “Citizens of the USSR have the right to maintenance in old age and also in case of sickness or loss of capacity to work. This right is ensured by the extensive development of social insurance of workers and employees at state expense, free medical service for the working people and the provision of a wide network of health resorts for the working people.”

Were the above merely unfulfilled aspirations in the Soviet Union they would still mark that nation as far in advance of the rest of the world, in its recognition of the fact that there is no greater national possession than the health of all its people.

But the provisions of the Soviet Constitution are put into practice, and not even the Hitler hordes and the devastation that war brought could stop the steady progress which the Soviet people have been making in developing their preventive and curative health services.

In 1936, the French Minister of Health declared, after a thorough tour of the Soviet Union: “No country in the world has such magnificent establishments for the protection of motherhood and children.” That tribute is no less valid today. In the Soviet Union all expectant mothers are given leave from employment (plus social insurance benefits from their trade unions) of 35 days before birth and up to 56 days after the child is born. Depending upon length of employment and trade union membership, women who quit work for motherhood receive up to 100 per cent of their wages in maternity benefits.

Where in the United States, war production was hampered because child care centers were so scarce that American mothers were unable to go to work and aid the anti-Hitler struggle, in the Soviet Union every mother could place her child in a nursery or kindergarten. Their costs paid by the government, there were in 1944—in the midst of the war—nursery accommodations for 640,000 Soviet city children and kindergarten space for 2,000,000. In the same year, there were trade union-sponsored summer health camps for 1,200,000 Soviet children,

In the socialist Soviet Union, health is not a commodity but a fundamental service of the state to its people. Through the People's Ministry of Public Health all phases of health care are coordinated and administered.

That includes the training of doctors and the manufacture of drugs and medical appliances no less than the supervision of hospitals, sanatoria, pharmacies and the like. And, as the noted American medical authority, Dr. Henry E. Sigerist has pointed out, "patent medicines and swindle drugs, which in every country cause the waste of millions of dollars quite apart from the harm they often inflict, are quite inconceivable in the USSR."

The state health apparatus and the Soviet trade unions work harmoniously together. Not only does Soviet organized labor administer its own social insurance system, it maintains its own network of trained labor and sanitary inspectors to protect the workers against accidents and disease. And for the same purpose, Soviet unions operate more than 40 research institutes.

Socialized medicine means for the Soviet people free and unlimited access to every resource which can protect and improve their health. For the Soviet doctor, salaried and secure, and other medical workers, it means the opportunity to fulfill the maximum and social function of the healing profession.

In order to carry out the requirements of the constitution, the Soviet Union spends annually the tremendous sum of 11 billion rubles on health protection. One third of the health budget in 1941 was for the care of Soviet children. And be it known that since the overthrow of Czarism and capitalist exploitation in Russia, the mortality rate for children under one year of age has dropped by 50 per cent. Moreover, the Soviet Union's rate of population increase is the highest in the world, 1.23 per cent each year!

Sick benefits are paid Soviet workers as of the date of application, with no unpaid waiting periods, and the majority receive from 80 to 100 per cent of their full pay. The ill or injured worker continues to receive his benefits from his trade union social insurance fund until he recovers, or until he is declared by a medical board to be invalided. If the latter is the case, he then receives an invalid pension ranging from 50 per cent to 100 per cent of full pay, depending upon the degree of lost ability to work.

Rest homes and sanatoria, operated by the trade unions of the Soviet Union and other organizations, numbered more than 3,500 in 1941, and provided leisure and health care to 6,000,000 persons yearly. Gymnasiums, playgrounds, swimming pools, ski jumps and stadia are all operated by Soviet trade unions to provide free sports facilities to Soviet workers. And even within the factories and other enterprises of the Soviet Union, health is watched over and guarded, with Soviet law requiring that every establishment employing more than 250 people maintain a health center on its premises.

Old age pensions in the Soviet Union are based on from 50 per cent to 60 per cent of salary, depending upon the type of work done, with men becoming eligible at 60 and after 25 years of employment, and women at 55 and after 20 years of work.

Research in disease prevention and the study of the advancement of medical science in the Soviet Union is not left, as in America, to scattered institutes dependent on the public's contributions, or set up at the whim of millionaires with guilty consciences or an urge to reduce their taxable income. Instead, it is an integral part of the Soviet medical service, responsible to and contributing to the welfare of the entire nation, yes, and of the world. For Soviet men of science have already made incalculable contributions in the field of the study of longevity, of cancer, and other diseases, from which all mankind will benefit.

In just one of the federated republics making up the Soviet Union, the Russian Soviet Federative Socialist Republic, there were in 1944, 32 research institutes plus 5,000 doctors, thousands of nurses, technicians and other aides, working on the prevention of epidemics—only one aspect of the total health picture!

In this admittedly sketchy survey of the Soviet system of health care only the willfully blind could fail to recognize that here is a nation where the people's health is cherished above all else.

VII. FIGHT FOR HEALTH!

The achievements of the Soviet Union in the field of health are a challenge to our own government, to Congress, to organized medicine, and to the monopolies and the professional Soviet-baiters too—a challenge which can be ignored only so long as the American public remains in ignorance of those achievements.

For the majority of the American people, awareness of the strides made by the socialist Soviet republics in strengthening the national health could only be an incentive for us to go and do likewise.

Those shocking, shameful figures of America's ill-health— 24,000,000 with chronic ailments or physical impairments; 7,000,000 young men rejected by the draft; 9,000,000 children with mental or emotional disorders—those figures must be burned into our national consciousness.

The health-breakers must be fought, be they the greedy manufacturers of phony pills and potions, the monarchs of organized tory medicine, the monopolists who batten on the slums and the substandard wage, or the reactionary Congressmen and other officials who prate of patriotism, yet unpatriotically subvert the nation's prime possession.

If to do anything which lowers the level of national health be unpatriotic, then conversely, there is no more genuinely patriotic act than to propose and fight for measures which will promote the people's well-being.

It is not the Hearsts and the Hoovers, the tories who want America to have powerful atom bombs with which to terrify and rule the world, but the trade-unionists, the democratic and progressive forces, including the Communists, the men and women of good will who want all American homes to be bright and sunny, all American children to be well fed and happy, who are America's true patriots.

The starting point for the improvement of the national health is the point at which sickness and disease primarily originate. That is, obviously, the low standard of living inflicted upon the bulk of America's working people and their families. The demand of organized labor and the CIO in the first place for a housing program, for legislation to establish a guaranteed annual wage, for a minimum hourly wage of 75 cents and for a federal unemployment insurance standard of \$25 weekly for a maximum of 26 weeks for an improved social security system as proposed by S1050, the Wagner-Murray-Dingell bill—these are measures proposed not in the narrow interests of trade union members alone but as essential steps toward improving the health of all the people.

When we realize that the legal minimum wage in the United States sanctioned by Congress is 40 cents an hour, or \$16 for a 40 hour week, and that in 1944 a family of four needed \$54 a week to maintain a

decent living standard, the long resistance of Big Business (aided by its friends in political office) to passage of the Pepper 63-cent Minimum Wage Bill is exposed as a most flagrant sacrifice of human needs to the greater advancement of the super-profit!

Every effort to raise wages, shorten hours, provide safeguards against the effects of insecurity and unemployment, abolish discrimination in schools, in employment, etc., promote full-scale public housing and eliminate Jim Crow slums for the Negro people, is, to the extent that it succeeds, a tonic of inestimable value to the people's health.

The fight for health is not new to America. For as long as there have been profit-greedy health-breakers, there have also been organized workers and socially minded men and women to lead the struggle against enforced privation, illness and disease.

But today, with every newspaper headline blaring American monopoly's prime concern with its own imperialist striving for world domination, and the GOP's drive for labor shackling legislation, it is more than ever incumbent on the people themselves and their organizations to insist that health care, not profits and not power politics, is what America must have.

The National Health Act has been endorsed by the CIO, the AF of L, and many people's and progressive organizations. According to a Fortune Magazine poll, 84 per cent of the people are in favor of its basic proposals. It, and such companion measures as the Pepper Maternal and Child Welfare bill, should receive the concerted attention of all Americans to whom the people's health is paramount.

While the labor movement, particularly the CIO, has been by far the single most consistent group to insist upon the measure's passage, even within labor's ranks there is much room for improvement.

What is needed is consistent, not sporadic, education on the health question and the need for national health insurance. What is needed is a thoroughly organized and publicized fight for a national health program, not merely a formal endorsement of a bill, And what is needed is a sharp, popular insistence that the Truman administration back up its feeble on-the-record" proposal for a national health program by fighting for its passage over the sabotage of the Republican-poll tax Democratic bloc in Congress.

In the people's fight for health, special attention must be paid to the needs of America's veterans, the GI's who have returned home, many of them needing medical attention, hospitalization, mental therapy or rehabilitation. It is well to remind the reactionary opponents of national health legislation that hundreds of thousands of the veterans for whom they pretend such abiding concern, would be the beneficiaries of such a program.

And the veterans must know, in turn, that the monopoly-dominated press and all others who prate glibly about the interests of our ex-servicemen are in actuality obstructing their return to good health by barring the road to national health legislation.

It is possible here to deal only briefly with a few of the various aspects of the quest for better health for America. Of the private voluntary health insurance systems (such as the Blue Cross Hospital Plan, for example) it must be noted that their benefits have been confined at most to no more than 12 per cent of the population and that while workers may join, their wives and children are not usually covered. Such plans also restrict benefits to payment of hospital bills, and do not include payment of doctors' fees.

Passing mention, at least, must be given to the Greater New York Health Insurance Plan, an excellently conceived program for that city. The New York plan should serve as impetus to other municipalities to establish working health insurance programs on a local, community basis.

Insurance companies operate varying health insurance plans under which the insured person is paid specified sums depending upon which one of a long list of ailments or injuries he has acquired. But these insurance plans likewise do not grant benefits in any degree adequate to pay doctors' bills—or for hospitalization, for that matter,

Numerous unions and fraternal societies, such as the International Workers Order, have embarked upon group insurance and hospitalization plans. They do not, however, delude themselves or their members into the belief that these small-scale plans, no matter how worthy, are a satisfactory substitute for an inclusive, government-established, national health insurance program.

Many unions are fighting—some, like the Amalgamated Clothing Workers, with success—to have the employers pay the cost of health insurance for their workers. The Mine Workers recently won a \$60 million health fund from the operators, to be administered jointly by the latter and the union. The UAW, in October 1946, announced that it will demand of the auto magnates payment of 8 per cent of their workers' salaries, for a social insurance program.

The likelihood that growing numbers of unions will win employer-financed health programs makes it necessary that a fight be waged for an amendment to the Wagner bill which would permit unions with employer-paid programs to come under the bill's provisions as a unit. Otherwise, workers may be apathetic to the need to fight for passage of a measure which in its present form requires them to pay part of the health program's cost, whereas their own union may have won employer-financing through collective bargaining.

At the same time, the entrance of the labor movement into the health insurance field is a challenge and a warning to monopoly, to its agents in the AMA and to the political obstructionists, that the working people of the United States are becoming more familiar with the truth about health insurance and that they will not long continue to be diverted from the struggle to achieve passage of the National Health Act by hysterical Red-baiting propaganda and outright misrepresentation.

Even the hide-bound AMA has demonstrated some awareness of the growing popular demand for broader health care. In a Journal editorial on November 28, 1946, the AMA commented that “in spite of impending legislation, health and welfare are likely to be important factors in future collective bargaining.” And the AMA cautiously admitted that “the medical profession seems to be sympathetic to all bona fide efforts to improve working and living conditions.”

As for state health acts modeled after the National Health Act, such as was introduced in the New York State Legislature during the last session, there can be no doubt that mobilization of the people within each state to demand passage of such a program could only help, and not hinder, the fight on a national scale. While it cannot be questioned that health problems and health care are national questions to be solved nationally, and that labor's and the people's efforts must be directed in the first place toward passage of the National Health Act, there is nothing to be gained by the attitude that it is pointless to seek a state health program unless and until the national system is achieved.

Because organized labor, progressive medical groups and others not only have been staunch supporters but also friendly critics of the Wagner health measure, there have been marked improvements from the first Wagner-Murray-Dingell Social Security bill's health provisions through successive versions and up to the current National Health Act. For example, dental care, which was not included in the first measure, is provided for in S1606, the present National Health Act.

There are other inadequacies which should be corrected. Psychiatric services should definitely be available under a national health program to the many veterans and millions of other Americans who are mentally ill. Home nursing services should be expanded, and the measure should also cover specific optometric services in addition to the eye glasses now provided for in S1606.

More important, the health program should be financed from general taxation rather than weekly deductions from workers' wages and identical contributions by employers. Right now, thanks to our pro-Wall Street Congress, the workers are carrying the heaviest share of the tax load while the wealthy corporations are even guaranteed refunds in case of any losses.

Definitely, both insofar as a health program and income taxation are concerned, the lowest income families of our nation should be exempt from payment. For, to require families whose income is below subsistence level to pay for health insurance when they don't even have enough for adequate food, clothing or housing, would be a parody of true effort to improve the national health. Increased taxation on the Big Businessmen who have been getting billions of dollars back in tax refunds by grace of Congress should make up for the contributions of low wage earners.

'The Wagner bill permits three alternative methods for payment of physicians participating in the national health program. They are: fee-for-service, salary, or per capita basis, whichever method or combination of methods is chosen by the majority of physicians in an area. Individual or groups of doctors, preferring a method of payment other than that chosen by the majority, may enter into separate agreements with the program's administrators.

Progressive medical circles consider it unfortunate that the bill defers to the AMA's violent opposition to salaries for doctors. (Parroting the traditional "free enterprisers" battle cry, the AMA is fearful that the salaried physician's "incentive" would be lost.) For in those areas where the fee-for-service system would prevail, unscrupulous doctors could drag out their visits, services and fees, thus draining the health program's funds without any added benefit to the patients.

Elimination of the fee-for-service method of payment, on the other hand, would end the fear of the patient to continue his doctor's visits because of the cost, as well as the temptation to the doctor to extend his services beyond the actual need. At the same time, there would be nothing to prevent doctors from practicing full or part time for fees, outside the health insurance system.

Efforts to broaden the scope and strengthen the provisions of the National Health Act will best be made if they accompany the necessary nationwide campaign to press for its passage as well as for the passage of its companion measures.

If, in the over-all sense, the National Health Act is termed an inadequate solution to the health problems of the American people, it is because no such legislative action, no matter how beneficial or how advanced, can "cure" the basic problems, which arises out of the system of monopoly capitalism itself.

VIII. SOCIALISM—GOOD FOR WHAT AILS US

We have seen the truly magnificent record of achievement in the Soviet Union in the field of preventive medicine, research and health care. Obviously, the Soviet Union has not made strides superior to those of our own country in improvement of the national health because the Soviet Union is richer or because its scientists have made more or greater discoveries.

We know that neither of those reasons happens to be true. It is in spite of the fact that the United States is materially richer, and in spite of the fact that American scientists have made tremendous discoveries, that our country lags behind,

The answer lies in this, that in our country, where a handful of fabulously wealthy men have gathered into their hands the ownership of most of the country's resources and exert their influence and domination on government and on all else, it is not the health of the many but the wealth of the few which has been permitted to be the dominant concern. Human life, human dignity, human happiness, these are the values which monopoly capitalism ruthlessly ignores or tramples underfoot. When economic crisis strikes, as it does frequently and with ever-increasing severity under our outworn capitalist system, and as it threatens to break again very soon, the du Ponts, the Rockefellers and the Fords sit it out, with no decline in their living standards.

For America's workers, farmers and small businessmen, the nation's majority, depression means grim horror, evictions, hunger and death. That's what it meant in 1929 and thereafter, when Big Business and the Hoover government showed their "concern" for the people's health by denying even a pittance of relief until the militant struggle of the organized unemployed forced them to retreat.

Who can ever know the full cost of the last depression to America's health? Those millions of draft rejects in WWII were the children of the depression, victims of the profit system. The 22,000 children who the New York City Department of Health reported as starving and the 2,000 who died of starvation in 1930, in "the richest city in the world" —they too were sacrifices to the "free enterprise" system.

We have presented ample evidence to demonstrate that the deterioration of the people's health and well-being is not merely or solely an infrequent phenomenon of economic depressions, but a steady, grinding process which will continue as long as there are in our country a small minority of men in control of the mines, mills, railroads and factories, and permitted to take the fruits of the people's labor for their own. It was Karl Marx's classic indictment of the predatory capitalist system, his monumental work, *Capital*, which described how even the health and well-being of the workers is just so much surplus labor power to the employers, to be drained for the latter's profit.

In its "were-wolf hunger for surplus labor," Marx said, capital "usurps the time for growth, development, and healthy maintenance of the body. It steals the time required for consumption of fresh air and sunlight...it higgles over a meal-time...reduces the sound sleep needed for restoration, reparation, refreshment of the bodily powers to just so many hours of torpor as the revival of an organism, absolutely exhausted, renders essential."

Capital "cares nothing for the length of life of labor power," Marx pointed out. "All that concerns it is simply and solely the maximum of labor power that can be rendered fluent in a working day. It attains this end by shortening the extent of the laborer's life, as a greedy farmer snatches increased produce from the soil by robbing it of its fertility." Save for those improved conditions wrested by the organized

workers from their capitalist exploiters since Marx's day, his indictment still stands—as valid today as when it was written.

America's mental hospitals are filled to overflowing with patients. Many such hospitals are as brutally primitive in their care as were the madhouses and Bedlams of Elizabethan England. One out of eight Americans is said to be a current or former victim of some form of mental ill.

Is it not obvious that this tragic, terrible toll is largely due to the insecurity, the conflicts and the lack of fulfillment which the capitalist system breeds? What American worker is safe from the haunting fear of joblessness, except when there is war? What American worker is safe from the fear of illness and shattering debts? What middle-aged worker is safe from the dread of old age and penury, or existence as a burdensome pensioner on an equally harassed family? How many fine talents are buried, and their possessors thwarted or broken, because they can't afford to study, or because their skins are black, or their religion Jewish? '

Mental ills, physical ills, in depression or “prosperity,” they are the inevitable consequence for the American people as long as capitalist exploitation of man by man continues.

In our country, a Congress obedient to the wishes of the monopolists has refused to approve a bill to give jobless workers a scant \$25 per week up to 26 weeks of unemployment. In the Soviet Union, there is no unemployment insurance at all. There doesn't have to be—for the Soviet Union has abolished unemployment, the insecurity and misery it brings in its wake, for all time.

This, then, is the “health secret” of the Soviet Union—that its people live under socialism, where production is for use, and not for profit; where under-consumption, the inability of workers to buy back the very products their labor created, no longer exists; where human beings are not merely so many two-legged machines to coin new billions for monopolists, but the true source of the nation's strength and prosperity.

Soviet socialism builds the human body, the human mind and spirit. Capitalism tears them down. Soviet socialism uses all the resources of the nation to fight disease, to study the yet hidden mysteries of science.

In the United States, there is no single group more maligned, more venomously attacked by the monopolists and their supporters in Congress and the press than the Communists. That is only because it is the Communists who fight most vigorously against the exploiters, the warmongers and the health-breakers. It is the Communists who in every union and organization spur the campaign for the National Health Act, for adequate wages, decent housing, unemployment insurance and elimination of discrimination.

It was the Communist Party that pioneered during the depression in the struggle for relief, old age insurance and social security generally, which paved the way for our Social Security system. It is the Communist Party which organizes and educates the American people for socialism, the only path to genuine health and permanent security for all the people. It is the Communists who, in the last election, called for a broad progressive coalition to defeat the reactionary spokesmen of Big Business who today, under the slogan of “economy,” are preparing to knife all health legislation.

But the millions who voted in a GOP. majority of Congressmen and governors last November 5 weren't sending out a hurry call for a return to the Hoover-hunger days. They were voting their disgust with the

Truman divergence from the progress made in the last fourteen years under Roosevelt. They were telling their newly-elected officials: "We want more, not less progress; more, not less health care, housing and security."

Without doubt, the reactionary Republican majority in the 80th Congress, along with its tory Southern Democratic allies, will exert its power to prevent passage of a federal health program along the lines of the Wagner bill. Possibly, the GOP may attempt to dupe the people into thinking that real health legislation is being planned, by enacting a measure proposed as a substitute for the Wagner bill during the last Congress by Republican Senator Taft of Ohio. The Taft measure, which would authorize the federal government to give health funds to the respective states, and invest in the latter the authority to establish health programs, is, of course, nothing more than a pork-barrel bill, intended solely to hand out public money for private benefit.

A Mental Hygiene bill was approved by the last Congress, although no funds were ever appropriated for its enforcement. Dominated as the 80th Congress is, by the foes of progress, wide public pressure must nevertheless be roused to insist that the Congress assume the federal government's responsibility for the vast mental health problem by approving funds to carry out the already approved legislation.

The next two years must mean unity and struggle—unity of labor, veterans, farmers, professionals, small businessmen and the Negro people, all who want to keep and extend the people's gains of the Roosevelt years. Struggle to keep the Republican Party from imposing Wall Street's reactionary program and a new depression on the American people.

United struggle of the people can win the fight for America's peace—the fight for America's democracy—and the fight for America's health.